

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 1702

08089

CERTIFICATE OF DEATH

Reg. Dist. No. 181

1. PLACE OF DEATH:

County: Harford

City or town: Aberdeen Proving Ground, Maryland

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? Six Months

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

3. (a) FULL NAME

Johnnie W. Anderson

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
Male	White	Single

6. (b) Name of husband or wife:

7. Birth date: (deceased) 31 January 1927 (me., day, yr.)

8. (c) If alive, give age years

8. AGE: Years	Months	Days	11 less than one day
19	6	11	hrs. min.

9. Birthplace: Mc Gregor, Texas (Town, county, and state)

10. Usual occupation: Soldier, U. S. Army

11. Industry or business

12. Name: Marshall Albert Anderson

13. Birthplace: Unknown

14. Maiden name: Hollie Mae (Anderson)

15. Birthplace: —

16. Informant: U. S. Army Records

Address: Aberdeen Proving Ground Md

17. Transportation: Date thereof: Aug 13, 1946 (Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory: See Funeral Home

Location: Mc Gregor, Texas

18. Funeral director: Howard E. Mc Cormick

Address: Abingdon Maryland

19. Date rec'd by registrar: Aug 20 1946 Nellie H. Riley

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Texas County: No Lenna

City or town: Mc Gregor Texas

(If outside city or town limits, write RURAL and give nearest town)

Street No: Box 126

(If rural, give LOCATION)

2.(a) If veteran, name war:

3. (b) Social Security Number

MEDICAL CERTIFICATION

20. DATE OF DEATH: August 12

1946, at 12:15 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

19... to 19...

and that I last saw h. alive on 19...

Immediate cause of death: Wound, penetrating skull DURATION
crushing of cerebellum medulla

Due to: Crushing in automobile accident

Due to:

Other conditions: Multiple Abrasions and
Lacerations (Include pregnancy within 3 months of death)

Major findings of operations:

Date of op.:

Autopsy results:

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide or homicide: Automobile Date of: 12 August 1946

Where did injury occur? Aberdeen Proving Ground

(City or town) (County) (State)

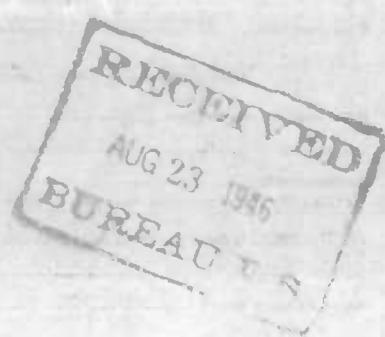
Injured at home, farm, industry, public place (where?) Military Reservation

Means of injury: Automobile Accident Injured at work?

Undetermined

23. SIGNATURE: See Signature Jr. 1st Lt. MC.

M. D. or other:
Address: Station Hospital Bldg 13
Howard E. McCormick Jr.



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 18

CERTIFICATE OF DEATH

08090
183
Reg. Dist. No.

1. PLACE OF DEATH: Harford
 County.....
 City or town..... House Mill Rd.
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 5 mo
 Hospital, Institution, or street address where death occurred:
 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
 (For newborn infants give residence of mother)
 State md County Harford
 City or town..... House Mill Road
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. near Jarrettsville
 (If rural, give LOCATION)

3. (a) FULL NAME

Virginia Martha Baughes

3. (b) Social Security Number

4. Sex Female 5. Color or race white 6. (a) Single, married, widowed, or divorced Single

6. (b) Name of husband or wife.....

7. Birth date of deceased (mo., day, yr.) March 2 1946 6. (c) If alive, give age..... years

8. AGE: Years — Months 5 Days 15 If less than one day hrs. min.

9. Birthplace..... Baltimore
 (Town, county, and state)

10. Usual occupation.....

11. Industry or business Thornton Martin Baughes

12. Name..... Thornton Martin Baughes

13. Birthplace Chicago Ill.

14. Maiden name Clara L. Preston

15. Birthplace Baltimore Md.

16. Informant Mrs Thornton M. Baughes

Address White Hall Rd.

17. Burial Burial Date thereof Aug 23-46

(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Green Hill

Location Buenavista, Va

18. Funeral director Martin & Kutz

Address Jarrettsville Rd

Aug 23 1946 Thomas R. Brown
 (Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug. 20 1946 at 7:00 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

19 to 19

and that I last saw h. alive on 19

Immediate cause of death Asphyxiation - accidental DURATION

Asphyxiation - accidental

Due to.....

Due to.....

Other conditions.....

(Include pregnancy within 3 months of death)

Major findings of operations..... Date of op.

Autopsy results none

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Accident Date of Aug. 20, 1946

Where did injury occur? near Jarrettsville Harford (City or town) (County) (State) Home

Injured at home, farm, industry, public place (where?)

Means of injury Asphyxiated under injured at work? matress

23. SIGNATURE J. H. Lawrence M.D. M. D. or other

Address Aberdeen, Md. Date signed Aug. 20, 1946



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

467 +

08091

CERTIFICATE OF DEATH

Reg. Dist. No.

182

1. PLACE OF DEATH:

County

Harford

City or town

Bel Air, Md.

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

61 70 years

Hospital, Institution, or street address where death occurred:

How long in hospital or institution?

3. (a) FULL NAME

Harriett Ellen Bond

4. Sex

F

5. Color or race

Col

6. (a) Single, married, widowed, or divorced

W.

6. (b) Name of husband or wife

W^m E Bond

6. (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

Feb 15 1869

8. AGE:

Years
89

Months

Days

If less than one day

hrs. min.

9. Birthplace

Perryman Harford Co. Md

(Town, county, and state)

10. Usual occupation

11. Industry or business

MOTHER FATHER

12. Name

Henry Hollingsworth

13. Birthplace

Md

14. Maiden name

Eliza Hollingsworth

15. Birthplace

Md

16. Informant

John Bond

Address

Bel Air, Md

17. Burial

Date thereof Aug 28 1946

(month) (day) (year)

(Burial, cremation, or removal, Which?) Cemetery or crematory

Henderson Hill

Location

New Bel Air, Md.

18. Funeral director

Dean & Foster

Address

Bel Air Md

19. 8/27

19

76 Piscilleg Found

(Date rec'd by registrar)

Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State

Md

County

Harford

City or town

Bel Air, Md

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2. (a) If veteran, name war

3. (b) Social Security Number

MEDICAL CERTIFICATION

2D. DATE OF DEATH

Aug 25

1946 at 71

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

March 5 1946 to Aug 25 1946

and that I last saw her alive on Aug 23 1946

Immediate cause of death

Carcinoma of Stomach

DURATION

18 mos -

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur (City or town) (County) (State)

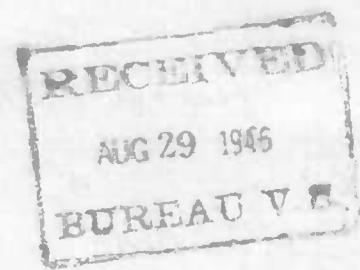
Injured at home, farm, industry, public place (where?)

Means of injury Injured at work

23. SIGNATURE

Willard P. Hudson M. D. or other

Address Forest Hill Md Date signed 8/26/46



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 830

CERTIFICATE OF DEATH

08092

Reg. Dist. No. 185

1. PLACE OF DEATH: *Norfolk*
 County: *Norfolk, Va.*
 City or town: *Norfolk, Va.*
 (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? _____
 Hospital, Institution, or street address where death occurred: _____
 How long in hospital or institution? _____

2. USUAL RESIDENCE (HOME) OF DECEASED:
 (For newborn infants give residence of mother)

State: *MD* County: *Norfolk*
 City or town: *Norfolk, Va.* (If outside city or town limits, write RURAL and give nearest town)
 Street No. *568 Queen St.* (If rural, give LOCATION)

3. (a) FULL NAME

Reese Norris Burns

4. Sex *Male* 5. Color or race *white* 6. (a) Single, married, widowed, or divorced *Married*

6. (b) Name of husband or wife *Edith M. Burns*

7. Birth date of deceased (mo., day, yr.) *Nov. 10, 1890*

8. AGE: Years *75* Months *8* Days *24* If less than one day _____ hrs. _____ min.

9. Birthplace *Cecil Co. Md.*
 (Town, county, and state)

10. Usual occupation *Real Estate*

11. Industry or business *Geo. G. Burns*

12. Name *Geo. G. Burns*

13. Birthplace *MD*

14. Maiden name *Anna Priest*

15. Birthplace *MD*

16. Informant *Mrs. Edith G. Burns*

Address *568 Queen St., Apts. Md.*

Burial Date thereof *Aug. 7 1946*

(Burial, cremation, or removal. Which?) *Cemetery or crematory* *Angel Hill Cem.*

Location *Norfolk, Va., Md.*

18. Funeral director *W. Madison Mitchell*

Address *Norfolk, Va., Md.*

19. *8/7/46* (Date rec'd by registrar) *19* *A. L. Davis, M.D.* (Registrar)

3. (b) Social Security Number

MEDICAL CERTIFICATION

20. DATE OF DEATH *Aug. 4 1946* at *145 P.M.*

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from *8-4* 1946, to *8-4* 1946, and that I last saw him alive on *8-3-4* 1946.

Immediate cause of death *cerebral hemorrhage* DURATION _____

Due to *hypertension* _____

Due to _____

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings of operations _____ Date of op. _____

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) _____ (County) _____ (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE *James G. Macaulay, M.D.* M. D. or other _____

Address *500 Union Ave., Norfolk, Va.* Date signed *8-5-46*



VS A15 9-45-1
X PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

Evidence for addition of approximate age of deceased is shown on ~~Birth Certificate~~ ~~Death Certificate~~ ~~Obituary~~ ~~Death Record~~

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore ⁷⁰⁰

CERTIFICATE OF DEATH

08093/185
Reg. Dist. No.

FILM No. 106 AUG 19 1946

1. PLACE OF DEATH:

County: HARFORD

City or town: HABURE DE GRACE

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 1 HOUR

Hospital, institution, or street address where death occurred:

HARFORD MEMORIAL HOSPITAL

How long in hospital or institution? 1 HOUR

3. (a) FULL NAME

ELLEN

CAUDILL

3. (b) Social Security Number

4. Sex

5. Color or race

6.(a) Single, married, widowed, or divorced

Female White Married

6.(b) Name of husband or wife Mack Caudill

7. Birth date of deceased (mo. day. yr.)

6.(c) If alive, give age..... years

8. AGE: Years

Months

Days

If less than one day

Approx. 52 hrs. min.

9. Birthplace: Sparta, North Carolina

(Town, county, and state)

10. Usual occupation: Housewife

11. Industry or business

12. Name: Daniel Crouse

13. Birthplace: North Carolina

14. Maiden name: UNKNOWN

15. Birthplace:

16. Informant: Oscar Caudill

Address: 126 Wilson St. Havre de Grace

17. Burial: Date thereof: Aug 14, 1946

(Burial, cremation, or removal. Which?)

(Month) (day) (year)

Cemetery or crematory: Mt. Zion Cemetery

Location: Harford Co. Md.

18. Funeral director: H. S. Bailey

Address: Darlington Md.

19. Date rec'd by registrar: Aug 11, 1946

(Date rec'd by registrar)

Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Maryland County: Cecil

City or town: Co. 1002 (If outside city or town limits, write RURAL and give nearest town)

Street No.:

(If rural, give LOCATION)

2.(a) If veteran, name war: ✓

MEDICAL CERTIFICATION

20. DATE OF DEATH: AUGUST 11, 1946, at 12:25 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

19. . . . to 19. . . .

and that I last saw h. . . . alive on 19. . . .

Immediate cause of death:

CEREBRAL CONCUSSION
SHOCK, HEMORRHAGE

DURATION

Due to:

Due to:

Other conditions:

(Include pregnancy within 3 months of death)

Major findings of operations:

Date of op.

Autopsy results: NONE

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: ACCIDENT Date of: AUG 11, 1946

Where did injury occur: NEAR CHURCHVILLE HARFORD MD. (City or town) (State)

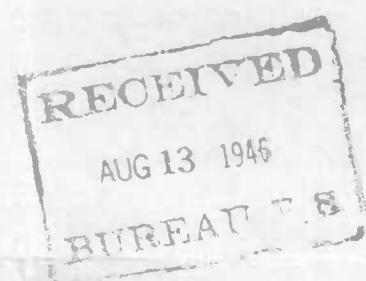
Injured at home, farm, industry, public place (where): P. B. L. S. ROAD #136

Means of injury: AUTO ACCIDENT Injured at work: No

23. SIGNATURE:

J. H. Laney, M.D.
DEP. MED. EXAMINER
Aberdeen, Md.

Date signed: August 11, 1946



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 1702

CERTIFICATE OF DEATH

08094

2
18

Reg. Dist. No.

1. PLACE OF DEATH:

County HARFORD

City or town RURAL - CHURCHVILLE

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

ROUTE # 136

How long in hospital or institution?

3. (a) FULL NAME

MACK DANIEL CAUDILL

4. Sex

Color or race

6. (a) Single, married, widowed

6. (b) Name of husband or wife

Ellen Caudill

7. Birth date of deceased (mo., day, yr.)

Aline March 19, 1883

8. AGE:

Years 63 Months 4 Days 22 If less than one day hrs. min.

9. Birthplace

Alleghany Co., N. C.

(Town, county, and state)

10. Usual occupation

Farmer

11. Industry or business

Crop Farming

Riley Caudill

Alleghany Co., N. C.

Francis Crosse

Alleghany Co., N. C.

Mr. Garfield Caudill

Burial

Mt. Zion Cem.

(Burial, cremation, or removal? Which?)

Date thereof Aug. 14 1946

(month) (day) (year)

Cemetery or crematory

Harford Co., Md.

Location

H. S. Bailey

18. Funeral director

Bartington, Md.

Address

Aug. 12, 1946 M. D. Kirk

(Date paid by registrar)

Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State MD

City or town Colora

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2.(a) If veteran, name war

3. (b) Social Security Number

No

MEDICAL CERTIFICATION

20. DATE OF DEATH

Aug. 11 1946, at 9:45 A.M.

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from

19... to 19...

and that I last saw h... alive on

Immediate cause of death

INTRACRANIAL HEMORRHAGE
FRACTURE OF SKULL

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

None

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

ACCIDENT Date of Aug. 11, 1946

Where did injury occur? NEAR CHURCHVILLE HARFORD MD.

(City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Public Road # 136

Means of injury AUTO ACCIDENT Injured at work? NO

23. SIGNATURE

J. H. Lawrence M.D. DEP. MED. EXAMINER or other

Address ABERDEEN, Md. Date signed Aug. 11, 1946

RECEIVED

AUG 24 1946

BUREAU V.S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 140

CERTIFICATE OF DEATH

08095
Reg. Dist. No. 183

1. PLACE OF DEATH:

County Hagerstown
City or town Maryland
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

3. (a) FULL NAME

Marion K. Eddie4. Sex Female 5. Color or race White 6. (a) Single, married, widowed, or divorced Married6. (b) Name of husband or wife Bertha Eddie7. Birth date of deceased (mo., day, yr.) Dec 12 1881 6. (c) If alive, give age 55 years8. AGE: Years 65 Months 8 Days 6 If less than one day hrs. 00 min. 009. Birthplace Hagerstown Pa
(Town, county, and state)10. Usual occupation Farm11. Industry or business Farming12. Name Bertha Eddie13. Birthplace Hagerstown Pa14. Maiden name Letitia Burr15. Birthplace New Jersey16. Informant Paul EddieAddress Hagerstown Pa17. (Burial, cremation, or removal, Which?) Burial Date thereof Aug 19 46
(month) (day) (year)Cemetery or crematory MarylandLocation Maryland18. Funeral director Howard WebbAddress Farm Grove Pa19. Aug. 22 1946 Thos. R. Brown
(Date rec'd by registrar) put Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Penn. County HagerstownCity or town Hagerstown Pa R.D.
(If outside city or town limits, write RURAL and give nearest town)

Street No. _____ (If rural, give LOCATION)

2.(a) If veteran, name war _____

3. (b) Social Security Number

MEDICAL CERTIFICATION

20. DATE OF DEATH August 19 46 5a

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from

August 18 46 to Aug 19 46 19 46and that I last saw her alive on Aug 17 46 19 46Immediate cause of death Myocardial Thrombosis 35 minDue to Arteritis & scleroticDue to Other conditions

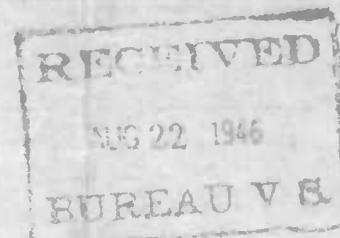
(Include pregnancy within 8 months of death)

Major findings of operations Date of op. Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of Where did injury occur? (City or town) (County) (State) Injured at home, farm, industry, public place (where?) Means of injury Injured at work? 23. SIGNATURE Frank J. Freehand M. D. or other Address Hagerstown Pa Date signed Aug 19 46



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 4700

CERTIFICATE OF DEATH

08096 181
Reg. Dist. No.

1. PLACE OF DEATH: Harford
 County: Aberdeen
 City or town: Aberdeen (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death: 6 years
 Hospital, Institution, or street address where death occurred: 78 Swan St.
 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
 (For newborn infants give residence of mother)
 State: Maryland County: Harford
 City or town: Aberdeen (If outside city or town limits, write RURAL and give nearest town)
 Street No.: 78 Swan St. (If rural, give LOCATION)
 2.(a) If veteran, name war: None

3. (a) FULL NAME: Fred N. Ekelenswick
 4. Sex: Male 5. Color or race: White 6.(a) Single, married, widowed, or divorced: Married
 6.(b) Name of husband or wife: Catherine Goesgen
 7. Birth date of deceased (mo., day, yr.): November 15, 1876 6.(c) If alive, give age: 49 years
 8. AGE: 69 Years 8 Months 0 Days If less than one day: hrs. 0 min.
 9. Birthplace: Chicago, Cook Co., Ill. (Town, county, and state)
 10. Usual occupation: Fiscal Dept., O.P.B.
 11. Industry or business:
 12. Name: Fred Ekelenswick
 MOTHER FATHER 13. Birthplace: England
 14. Maiden name: Catherine Goesgen
 15. Birthplace: France
 16. Informant: Mrs. Catherine Ekelenswick
 Address: 78 Swan St., Aberdeen, Md.
 17. Burial: Burial Date thereof: Aug. 8, 1946
 (Burial, cremation, or removal. Which?) (month) (day) (year)
 Cemetery or crematory: Bakers
 Location: near Aberdeen
 18. Funeral director: Henry Soring & Sons
 Address: Aberdeen, Md.
 19. Date rec'd by registrar: Aug 7 - 1946 Nellie H. Riley
 (Date rec'd by registrar) Registrar

3. (b) Social Security Number: 218-18-1977

MEDICAL CERTIFICATION

2D. DATE OF DEATH: Aug 5 1946 at 4 P.M.
 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Aug 4 to Aug 5, 1946, and that I last saw him alive on Aug 5, 1946.

Immediate cause of death: Carcinoma Larynx
 Due to: General Carcinomatosis

Due to: Cachexia
 Other conditions: Cachexia

(Include pregnancy within 3 months of death)

Major findings of operations: Date of op.: None

Autopsy results: PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of: None

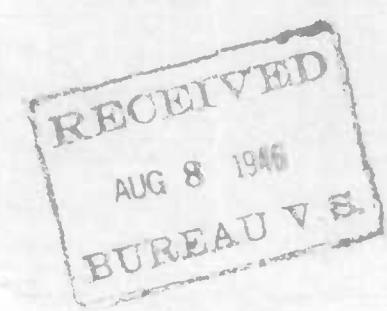
Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury: Injured at work? None

23. SIGNATURE: Charles J. Polley Jr. M. D. or other: None

Address: 1710 Charles St., Baltimore, Md. Date signed: Aug 7, 1946



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.

8473

180

1. PLACE OF DEATH:

County

Baltimore

City or town

Bel Air R.D. #2

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Six years

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

3. (a) FULL NAME

Frederick Garsieck Farish

4. Sex

5. Color or race

6. (a) Single, married, widowed, or divorced

Male

White

Divorced

6. (b) Name of husband or wife

7. Birth date of deceased (mo., day, yr.)

Sept 14, 1866

years

8. AGE:

Years

Months

Days

If less than one day

79

11

.hrs.

.min.

9. Birthplace

St. Louis, Missouri

(Town, county, and state)

10. Usual occupation

Mining Engineer

11. Industry or business

12. Name

Edward J. Farish

13. Birthplace

Woodville Miss

14. Maiden name

Lily Garsieck

15. Birthplace

Wilmington Delaware

16. Informant

Edward J. Farish

Address

834 East 86th St, Manhattan N.Y.

17. Burial, cremation, or removal (which?)

Cremation

Date thereof

Aug 16 1946

(month) (day) (year)

Cemetery or crematory

Robert Knapp

Location

713 Chestnut St, St Louis Mo

18. Funeral director

Howard K. McCormick

Address

Abingdon, Maryland

19. (Date rec'd by registrar)

Aug. 16

19

Mary M. Markdale

Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State

County

Harford

City or town

Abingdon, Bel Air R.D. #2

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2.(a) If veteran, name war

3. (b) Social Security Number

MEDICAL CERTIFICATION

20. DATE OF DEATH

Aug 14

1946 at 9:30 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Jan.

1944

to Aug 14 1946

and that I last saw him alive on

Aug 14

1946

Immediate cause of death

arterial occlusive heart disease

DURATION

5 yrs

Due to

Due to Cancer of stomach

Cav. G. S.

Duration 10 months

Other conditions abdominal malignancy

Cetiology not known

(Include pregnancy within 3 months of death)

Major findings or operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of Injury

Injured at work?

23. SIGNATURE

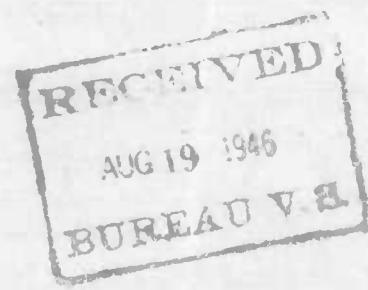
Fred O Hodson, M.D.

M. D. or other

Address

Edgewater, Md

Date signed 8-15-46



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 3rd

08097

CERTIFICATE OF DEATH

Reg. Dist. No. 182

1. PLACE OF DEATH: Harford
 County: Fallston
 City or town: Fallston (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? life
 Hospital, institution, or street address where death occurred:
 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
 (For newborn infants give residence of mother)

State: Md. County: Harford
 City or town: Fallston (If outside city or town limits, write RURAL and give nearest town)
 Street No.:
 (If rural, give LOCATION)

3. (a) FULL NAME: Oliver Hall.

3. (b) Social Security Number

4. Sex: M 5. Color or race: Colored 6. (a) Single, married, widowed, or divorced: Married

8. (b) Name of husband or wife: Isaac Harris

7. Birth date of deceased (mo., day, yr.): 1874 6. (c) If alive, give age: 80 years

8. AGE: 72 Years ? Months ? Days 0 If less than one day: 0 hrs. 0 min.

9. Birthplace: Md. (Town, County, and state)

10. Usual occupation: Farm laborer

11. Industry or business: Isaac Hall.

12. Name: Isaac Hall. MOTHER FATHER

13. Birthplace: Md.

14. Maiden name: Charlotte Brown

15. Birthplace: Md.

16. Informant: W. A. Hall

Address: Fallston, Md.

17. Burial: Burial Date thereof: 8/9/46 (Burial, cremation, or removal. Which?)

Cemetery or crematory: Tahernacle

Location: Benson

18. Funeral director: Carl E. Good

Address: Benson, Md.

19. (Date rec'd by registrar): 8/9/46 19. (Date of death): 46 Registrar: Priscilla Lowood

MEDICAL CERTIFICATION

20. DATE OF DEATH: August 7 1946

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from

18. to 19. and that I last saw him alive on 18. to 19.

Immediate cause of death:

Arteriosclerotic C.V. disease

DURATION

2 yrs

Due to:

Due to:

Other conditions:

(Include pregnancy within 3 months of death)

Major findings of operations:

Date of op.

Autopsy results:

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: _____ Date of: _____

Where did injury occur? _____ (City or town) _____ (County) _____ (State)

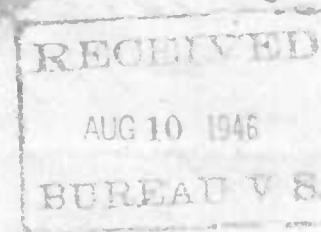
Injured at home, farm, industry, public place (where)? _____

Means of injury:

Herald C. Palmer M.D. Injured at work?

23. SIGNATURE: Herald C. Palmer Acting Deputy Medical Examiner M. D. or other

Address: Harford County Date signed: 8/17/46



4461
10/10/46
10/10/46

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 1046

CERTIFICATE OF DEATH

08098,85-
Reg. Dist. No.

1. PLACE OF DEATH:

County

Harford

City or town

House de Grace

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

8 days

Hospital, institution, or street address where death occurred:

Harford Memorial Hospital

How long in hospital or institution?

8 days

3. (a) FULL NAME

TRED H. Hawkins

4. Sex

M

5. Color or race

C

6. (a) Single, married, widowed, or divorced

Single

6. (b) Name of husband or wife

7. Birth date of deceased (mo., day, yr.)

Jan. 5, 1900

6. (c) If alive, give age

years

8. AGE:

Years
46Months
7Days
18If less than one day
hrs. min.

9. Birthplace

Harford County, Maryland

(Town, county, and state)

10. Usual occupation

Barber

11. Industry or business

George F. Hawkins

FATHER

MOTHER

12. Name

George F. Hawkins

13. Birthplace

Harford County, Md

14. Maiden name

Mattice H. Webster

15. Birthplace

Harford County, Md

16. Informant

Geo. Hawkins

Address

738 Otsego St. House de Grace

17. Burial

Burial

Date thereof Aug. 28, 1946

(Burial, cremation, or removal. Which?)

Glenelg Hill, Maryland

Cemetery or crematory

P. T. H. House de Grace, Md

Location

Elmwood

18. Funeral director

Elmer F. Bell

Address

636 Lewis St. House de Grace

19. Aug. 28

1946

(Date rec'd by registrar)

W. L. Lewis, M.D.

Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Harford

City or town House de Grace, Md.

(If outside city or town limits, write RURAL and give nearest town)

Street No. 8. T. H. House de Grace, Md

(If rural, give LOCATION)

2.(a) If veteran, name war

3. (b) Social Security Number

220-03-8620

MEDICAL CERTIFICATION

20. DATE OF DEATH August 23, 1946, at 5:15 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Aug. 15, 1946, to Aug. 23, 1946.

and that I last saw him alive on Aug. 23, 1946.

Immediate cause of death

Cerebral hemorrhage

Thrombosis

Due to cellulitis of rt.

Jaw

infected tooth

DURATION

8 days

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

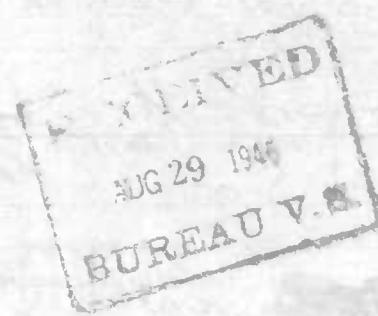
23. SIGNATURE

Dudley Shidlin, M.D.

M. D. or other

Place and Month of Birth Aug. 23, 1946

Date signed



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

ENTER CORPORATE LIMITS OF

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 19

08099

CERTIFICATE OF DEATH

Reg. Dist. No. 185-

1. PLACE OF DEATH:

County Harford
City or town Marie de Grace
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 6 days
Hospital, Institution, or street address where death occurred:
Harford Memorial Hospital

How long in hospital or Institution? 6 days

3. (a) FULL NAME

Baby Girl Harley

4. Sex F 5. Color or race C 6. (a) Single, married, widowed, or divorced Newborn

6. (b) Name of husband or wife.....

7. Birth date of deceased (mo., day, yr.) 6/16/46 6. (c) If alive, give age years

8. AGE: Years 6 Months Days If less than one day
hrs. min.

9. Birthplace Marie de Grace, Harford, Md.
(Town, county, and state)

10. Usual occupation Newborn

11. Industry or business Newborn

12. Name Lawrence Stanley
MOTHER FATHER

13. Birthplace

14. Maiden name Bernadine Williams

15. Birthplace Marie de Grace and
Hospital Records

16. Informant Marie de Grace and
Address Burial

17. Date thereof Aug 29 1946
(Burial, cremation, or removal) (Which)
(month (day) (year))

Cemetery or crematory St. James A. M. E.
Location Marie de Grace and

18. Funeral director Elmer E. Bell Jr.
Address 536 Lewis St. Havre de Grace

19. Date read by registrar Aug 28 1946
(Date read by registrar)

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
State Maryland County Harford
City or town Marie de Grace and
(If outside city or town limits, write RURAL and give nearest town)
Street No. Harford Memorial Hospital
(If rural, give LOCATION)

2.(a) If veteran, name war.....

3. (b) Social Security Number

Newborn

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug 27 1946 at 1 40 P.M.

21. CERTIFY that death occurred on the date above stated; that I attended deceased from Aug 21 1946 to Aug 27 1946, and that I last saw her alive on Aug 27 1946.

Immediate cause of death.....

Prematurity

Due to.....

Due to.....

Other conditions.....

(Include pregnancy within 3 months of death)

Major findings of operations.....

Date of op.

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of 01.....

Where did injury occur? (City or town) (County) (State)

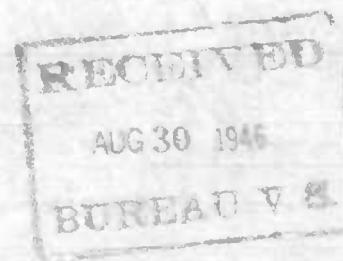
Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

Dudley Ridgeway
M. D. or other
Address Harford Memorial Hospital Date signed Aug 29 1946



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 940

CERTIFICATE OF DEATH

08100
Reg. Dist. No. 3

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

County HARFORD
City or town RURAL JARRETTSVILLE
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 2 WEEKSHospital, institution, or street address where death occurred: JARRETTSVILLEHow long in hospital or institution? —

3. (a) FULL NAME

JOHN M. JANKOWIAK

3. (b) Social Security Number

4. Sex M5. Color or race White6. (a) Single, married, widowed, or divorced Divorced6. (b) Name of husband or wife: —7. Birth date of deceased (mo., day, yr.) May 31 18956. (c) If alive, give age — years8. AGE: 51

Years

Months

Days

If less than one day

hrs. — min. —9. Birthplace Balto. Ind.

(Town, county, and state)

10. Usual occupation Painter

11. Industry or business

12. Name John Jankowiak13. Birthplace Poland14. Maiden name Rose Pawlakowski15. Birthplace Poland16. Informant My wife Weber's sisterAddress 401 S. Chester Street17. Burial Burial Date thereof 8-5-46
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory Holy Rosary CemeteryLocation Baltimore County18. Funeral director John M. WeberAddress 401 S. Chester Street19. (Date rec'd by registrar) 8/2 46 19

Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County BaltimoreCity or town Baltimore (If outside city or town limits, write RURAL and give nearest town)Street No. 300 West Band St (If rural, give LOCATION)2.(a) If veteran, name war: —

MEDICAL CERTIFICATION

20. DATE OF DEATH AUG. 1 1946 at 2:30 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

19. — to — 19. —and that I last saw him — alive on —19. —

Immediate cause of death

CORONARY OCCLUSION

DURATION

Due to: —Due to: —Other conditions: —

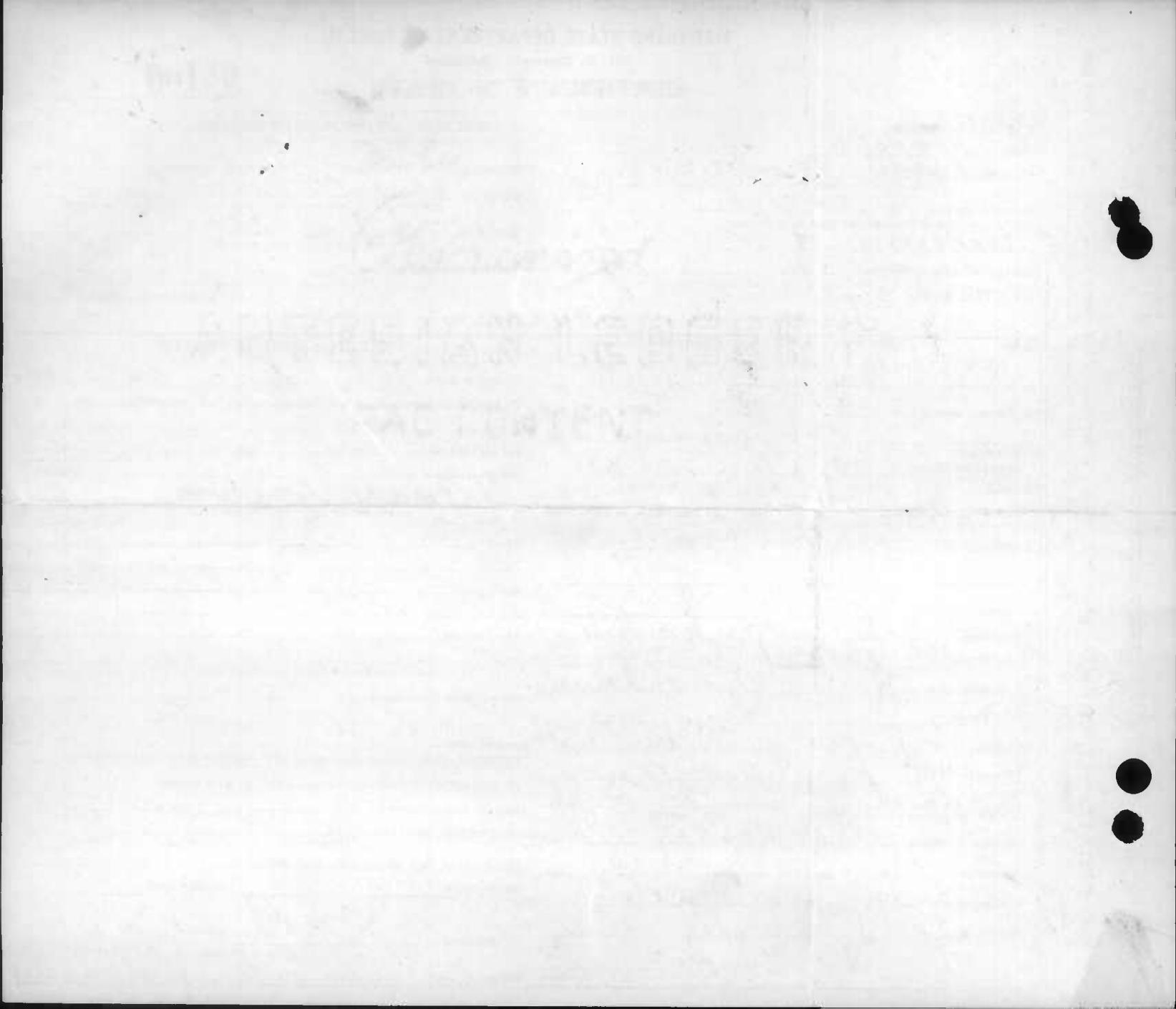
(Include pregnancy within 3 months of death)

Major findings of operations: —Date of op. —Autopsy results: Done

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: — Date of —Where did injury occur? — (City or town) — (County) — (State)Injured at home, farm, industry, public place (where?) —Means of injury —Injured at work? —23. SIGNATURE John Ramsey M.D. M. D. or otherAddress DERM. MED. EXAMINER M.D. Date signed AUG 1 1946



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 170

CERTIFICATE OF DEATH

08101

Reg. Dist. No. 181

1. PLACE OF DEATH:

County..... Hanford
 City or town..... Aberdeen Proving Ground, Maryland
 (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?..... 1 year 6 months

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

3. (a) FULL NAME

Willie Johnson

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Married

6.(b) Name of husband or wife..... Lois Johnson
 8.(c) If alive, give age..... years

7. Birth date of deceased (mo., day, yr.)..... 12 April 1925

8. AGE: Years	Months	Days	It less than one day
21	4		hrs. min.

9. Birthplace..... Hammond, Louisiana
 (Town, county, and state)

10. Usual occupation..... Soldier, U. S. Army

11. Industry or business

12. Name	Unknown
13. Birthplace	Unknown

14. Maiden name	Unknown
15. Birthplace	Unknown

16. Informant..... U. S. Army Records

Address..... Aberdeen Proving Ground Md.

17. Transportation..... Date thereof..... Aug 13 1946
 (Burial, cremation, or removal. Which?) Date (month) (day) (year)

Cemetery or crematory..... Poole's Funeral Home

Location..... Hammond Las

18. Funeral director..... Howard K. McCormick

Address..... Aberdeen Maryland

19. Date rec'd by registrar..... Aug 28 1946
 (Date rec'd by registrar) Willie H. Riley
 Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State..... Louisiana County..... Tangipahoa
 City or town..... Hammond
 (If outside city or town limits, write RURAL and give nearest town)
 Street No..... General Delivery
 (If rural, give LOCATION)

2.(a) If veteran, name war.....

3. (b) Social Security Number

MEDICAL CERTIFICATION

20. DATE OF DEATH..... August 12 1946, at 1:15 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

19..... to..... 19.....

and that I last saw h. im alive on..... August 12 1946.

Immediate cause of death..... Fracture, depressed, right parietal bone	DURATION
--	----------

Due to..... Crushing in Automobile Accident

Due to.....

Other conditions..... Fractures of left arm and jaw	DURATION
---	----------

(Include pregnancy within 3 months of death)

Major findings of operations.....

Date of op.....

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, Injury, or homicide..... Automobile Date of..... 12 August 46

Where did injury occur?..... Aberdeen Proving Ground

(City or town) (County) (State)

Injured at home, farm, industry, public place (where?)..... Military Reservation

Means of Injury..... Automobile Accident Injured at work?

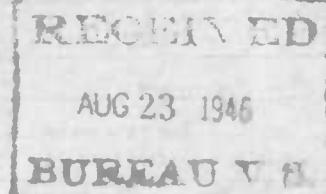
Undetermined

23. SIGNATURE..... See Kusner, M.D., 1st Lt. M.C.

M. D. or other

Address..... Station House A.C. Date signed..... 12 Aug 46

Howard K. McCormick



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 1702

08102

CERTIFICATE OF DEATH

Reg. Dist. No. 181

1. PLACE OF DEATH:

County HARFORD
City or town RURAL — PERRYMAN
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

ABERDEEN — PERRYMAN Road

How long in hospital or institution?

3. (a) FULL NAME

WALTER

JONES

3. (b) Social Security Number

4. Sex

5. Color or race

6. (a) Single, married, widowed, or divorced

Male Negro Baby

6. (b) Name of husband or wife

7. Birth date of deceased (mo., day, yr.) Aug 9, 1941 years

6. (c) If alive, give age

8. AGE: Years Months Days If less than one day
4 11 26 hrs. min.9. Birthplace Hause de Grace, Md
(Town, county, and state)

10. Usual occupation Infant

11. Industry or business

12. Name Melvin Jones

13. Birthplace Terre Haute Indiana

14. Maiden name Hazel Picard

15. Birthplace Perryman, Maryland

16. Informant Mrs Hazel Jones

Address 415 So. Street

17. Burial Date thereof Aug 7, 1946

(Burial, cremation, or removal? Which?) (month) (day) (year)

Cemetery or crematory St. James Cemetery

Location Hause de Grace Maryland

18. Funeral director Elmer E. Johnson

Address 556 Lewis St. Hause de Grace, Md.

19. Date Aug 7 1946 (Date record by registrar)

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
State Maryland County Harford
City or town Hause de Grace
(If outside city or town limits, write RURAL and give nearest town)
Street No. 415 So. Street Street
(If rural, give LOCATION)

2. (a) If veteran, name war

MEDICAL CERTIFICATION

20. DATE OF DEATH AUGUST 4 1946 1946

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

19. to 19. and that I last saw h. alive on 19.

Immediate cause of death

Compound Fracture of
Skull

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Antopsy results None Date of op.

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide ACCIDENT Date of AUG 4, 1946

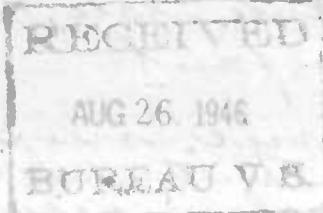
Where did injury occur NEAR PERRYMAN Hause de Grace, Md. (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) PERRYMAN Road

Means of injury AUTO ACCIDENT Injured at work? No

23. SIGNATURE J. J. Hanney, M.D. DEP. MED. EXAMINER M. D. or other

Address ABERDEEN, Md. Date signed AUG 4, 1946



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 940

08104

CERTIFICATE OF DEATH

Reg. Dist. No. 180

1. PLACE OF DEATH:

County Harford Co.
City or town Belcamp, Belair R.D. #2
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 36 years
Hospital, Institution, or street address where death occurred:

How long in hospital or institution?

3. (a) FULL NAME

Joseph Krumel

4. Sex

5. Color or race

6. (a) Single, married, widowed, or divorced

Male White Married6. (b) Name of husband or wife Anna Krumel7. Birth date of deceased (mo., day, yr.) Mar 11 1872 6. (c) If alive, give age 69 years8. AGE: Years 74 Months 4 Days 22 If less than one day
hrs. _____ min. _____9. Birthplace Austria, Europe
(Town, county, and state)10. Usual occupation Farmer

11. Industry or business

12. Name Frank Krumel13. Birthplace Austria, Europe14. Maiden name Anna Vogel15. Birthplace Austria, Europe16. Informant Mrs Anna KrumelAddress Belcamp, Aberdeen R.D. #2 Md17. Burial Date thereof Aug 6 1946
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory Holy RedeemerLocation Baltimore Maryland18. Funeral director Howard K. McComas SonAddress Abingdon Maryland19. Aug 6 1946 He Man & Son 20. Abingdon 21. Howard K. McComas Son(Date read by registrar) 19. He Man & Son 20. Abingdon 21. Howard K. McComas Son22. He Man & Son 23. Abingdon 24. Howard K. McComas Son25. He Man & Son 26. Abingdon 27. Howard K. McComas Son28. He Man & Son 29. Abingdon 30. Howard K. McComas Son31. He Man & Son 32. Abingdon 33. Howard K. McComas Son34. He Man & Son 35. Abingdon 36. Howard K. McComas Son37. He Man & Son 38. Abingdon 39. Howard K. McComas Son40. He Man & Son 41. Abingdon 42. Howard K. McComas Son43. He Man & Son 44. Abingdon 45. Howard K. McComas Son46. He Man & Son 47. Abingdon 48. Howard K. McComas Son49. He Man & Son 50. Abingdon 51. Howard K. McComas Son52. He Man & Son 53. Abingdon 54. Howard K. McComas Son55. He Man & Son 56. Abingdon 57. Howard K. McComas Son58. He Man & Son 59. Abingdon 60. Howard K. McComas Son61. He Man & Son 62. Abingdon 63. Howard K. McComas Son64. He Man & Son 65. Abingdon 66. Howard K. McComas Son67. He Man & Son 68. Abingdon 69. Howard K. McComas Son70. He Man & Son 71. Abingdon 72. Howard K. McComas Son73. He Man & Son 74. Abingdon 75. Howard K. McComas Son76. He Man & Son 77. Abingdon 78. Howard K. McComas Son79. He Man & Son 80. Abingdon 81. Howard K. McComas Son82. He Man & Son 83. Abingdon 84. Howard K. McComas Son85. He Man & Son 86. Abingdon 87. Howard K. McComas Son88. He Man & Son 89. Abingdon 90. Howard K. McComas Son91. He Man & Son 92. Abingdon 93. Howard K. McComas Son94. He Man & Son 95. Abingdon 96. Howard K. McComas Son97. He Man & Son 98. Abingdon 99. Howard K. McComas Son100. He Man & Son 101. Abingdon 102. Howard K. McComas Son103. He Man & Son 104. Abingdon 105. Howard K. McComas Son106. He Man & Son 107. Abingdon 108. Howard K. McComas Son109. He Man & Son 110. Abingdon 111. Howard K. McComas Son112. He Man & Son 113. Abingdon 114. Howard K. McComas Son115. He Man & Son 116. Abingdon 117. Howard K. McComas Son118. He Man & Son 119. Abingdon 120. Howard K. McComas Son121. He Man & Son 122. Abingdon 123. Howard K. McComas Son124. He Man & Son 125. Abingdon 126. Howard K. McComas Son127. He Man & Son 128. Abingdon 129. Howard K. McComas Son130. He Man & Son 131. Abingdon 132. Howard K. McComas Son133. He Man & Son 134. Abingdon 135. Howard K. McComas Son136. He Man & Son 137. Abingdon 138. Howard K. McComas Son139. He Man & Son 140. Abingdon 141. Howard K. McComas Son142. He Man & Son 143. Abingdon 144. Howard K. McComas Son145. He Man & Son 146. Abingdon 147. Howard K. McComas Son148. He Man & Son 149. Abingdon 150. Howard K. McComas Son151. He Man & Son 152. Abingdon 153. Howard K. McComas Son154. He Man & Son 155. Abingdon 156. Howard K. McComas Son157. He Man & Son 158. Abingdon 159. Howard K. McComas Son160. He Man & Son 161. Abingdon 162. Howard K. McComas Son163. He Man & Son 164. Abingdon 165. Howard K. McComas Son166. He Man & Son 167. Abingdon 168. Howard K. McComas Son169. He Man & Son 170. Abingdon 171. Howard K. McComas Son172. He Man & Son 173. Abingdon 174. Howard K. McComas Son175. He Man & Son 176. Abingdon 177. Howard K. McComas Son178. He Man & Son 179. Abingdon 180. Howard K. McComas Son181. He Man & Son 182. Abingdon 183. Howard K. McComas Son184. He Man & Son 185. Abingdon 186. Howard K. McComas Son187. He Man & Son 188. Abingdon 189. Howard K. McComas Son190. He Man & Son 191. Abingdon 192. Howard K. McComas Son193. He Man & Son 194. Abingdon 195. Howard K. McComas Son196. He Man & Son 197. Abingdon 198. Howard K. McComas Son199. He Man & Son 200. Abingdon 201. Howard K. McComas Son202. He Man & Son 203. Abingdon 204. Howard K. McComas Son205. He Man & Son 206. Abingdon 207. Howard K. McComas Son208. He Man & Son 209. Abingdon 210. Howard K. McComas Son211. He Man & Son 212. Abingdon 213. Howard K. 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PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 21201

CERTIFICATE OF DEATH

08105
180

Reg. Dist. No.

1. PLACE OF DEATH:

County: Holford
City or town: Magnolia

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 15 years
Hospital, Institution, or street address where death occurred:

How long in hospital or institution?

3. (a) FULL NAME

Nora May LeightLeight

3. (b) Social Security Number

4. Sex Female 5. Color or race white 6. (a) Single, married, widowed, or divorced Married6. (b) Name of husband or wife Joseph T Leight 6. (c) If alive, give age 85 years7. Birth date of deceased (mo., day, yr.) June 22 1867 6. (c) If alive, give age 85 years8. AGE: Years 79 Months 2 Days - If less than one day hrs. min.9. Birthplace Magnolia Md (Town, county, and state)10. Usual occupation Housewife11. Industry or business Richard Robinson12. Name Richard Robinson13. Birthplace Maryland14. Maiden name Elizabeth Howard15. Birthplace Maryland16. Informant Martha A. GlennAddress Magnolia Md17. Burial Burial Date thereof Aug 25 1946
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory CemeteryLocation Abingdon Maryland18. Funeral director Howard K. McCormickAddress Abingdon Maryland19. Aug 25 1946 Mary M. Mansfield
(Date rec'd by registrar)

Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Maryland County: HolfordCity or town: Magnolia (If outside city or town limits, write RURAL and give nearest town)

Street No. _____ (If rural, give LOCATION)

2.(a) If veteran, name war _____

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug 22 1946 at 1:30 P.M.21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Oct 19 46 to Aug 22 1946and that I last saw her alive on Aug 21 1946

Immediate cause of death

chronic glomerular nephritis DURATION 3 yrs

Due to _____

Due to _____

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings of operations _____

Date of op. _____

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external cause, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) _____ (County) _____ (State)

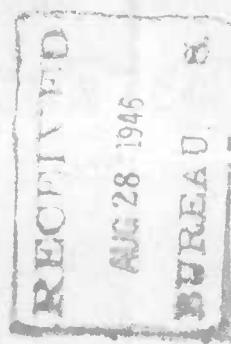
Injured at home, farm, industry, public place (where?) _____

Means of injury _____

Injured at work? _____

23. SIGNATURE Frederick Hodson M.D.M. D. or other Edgewood Md Date signed 8-22-86

Address _____



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 20001

08106

CERTIFICATE OF DEATH

Reg. Dist. No. 182

1. PLACE OF DEATH:

County.....

City or town.....

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

3. (a) FULL NAME

Mary M. Luehrs

4. Sex

F

5. Color or race

Col

6. (a) Single, married, widowed, or divorced

M

6. (b) Name of husband or wife.....

Waymon Luehrs

7. Birth date of deceased (mo., day, yr.)

1907

8. (c) If alive, give age

39

years

If less than one day

hrs. min.

9. Birthplace.....

Elmira, SC

(Town, county, and state)

10. Usual occupation.....

House work

11. Industry or business

MOTHER FATHER

12. Name.....

Henry Palmer

13. Birthplace

SC

14. Maiden name.....

UNKNOWN

S. C

16. Informant.....

Waymon Luehrs

Address

Bel Air, Md

17. Burial

(Burial, cremation, or removal. Which?)

Date thereof..... Aug 6 1946
(month) (day) (year)

Cemetery or crematory.....

Henderson Hill

Location.....

Water Valley Rd.

18. Funeral director.....

Dean & Foster

Address

Bel Air, Md

19. (Date rec'd by registrar)

19. 8/6

46 Priscilla Forward

Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State.....

Md

County.....

Harford

City or town.....

Bel Air, Md

(If outside city or town limits, write RURAL and give nearest town)

Street No.....

(If rural, give LOCATION)

2.(a) If veteran, name war.....

3. (b) Social Security Number

MEDICAL CERTIFICATION

20. DATE OF DEATH..... August 3 1946

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

19. 10. 19.

and that I last saw h..... alive on

19.

Immediate cause of death.....

Pending investigation

DURATION

Due to Autopsy revealed no significant findings; hence, cause of death remains

Due to..... Unknown, Corpse

Other conditions.....

(Include pregnancy within 8 months of death)

Major findings of operations.....

Date of op.

Autopsy results..... Pending investigation

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Not known Date of.....

Where did injury occur?..... Not known

(City or town) (County) (State)

Injured at home, farm, industry, public place (where?)..... Not known

Means of injury.....

Injured at work?..... Not known

Signed C Palmer M.D.

23. SIGNATURE..... Harford County Acting Deputy Medical Examiner

M. D. or other.....

Address..... Bel Air, Md Date signed..... 8/6/46



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 33

CERTIFICATE OF DEATH

08107

Reg. Dist. No. 185

1. PLACE OF DEATH: Havre de Grace
 County
 City or town
 (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?
 Hospital, institution, or street address where death occurred:
 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
 (For newborn infants give residence of mother)

State Maryland County Havre de Grace
 City or town Havre de Grace (If outside city or town limits, write RURAL and give nearest town)
 Street No. Clinton Street (If rural, give LOCATION)

2.(a) If veteran, name war: None

3. (a) FULL NAME

Sidney Hugh Mash

3. (b) Social Security Number

4. Sex Male 5. Color or race White 6. (a) Single, married, widowed, or divorced Married
Anna Suicida Mash

6. (b) Name of husband or wife: Anna Suicida Mash

6. (c) If alive, give age 54 years

7. Birth date of deceased (mo., day, yr.) Nov 28 - 1887

8. AGE: Years 58 Months 8 Days 13 If less than one day hrs. min.

9. Birthplace: England (Town, county, and state)

10. Usual occupation: Supt. Standard Limestone Co.

11. Industry or business: Alfred Mash

12. Name: Alfred Mash

13. Birthplace: England

14. Maiden name: Annie Horseford

15. Birthplace: England

16. Informant: Anna Suicida Mash

Address: Clinton St - Havre de Grace

Burial: Burial Date thereof: Aug 13-1946
 (Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or Crematory: Diamond Ridge

Location: Ridgerville Maryland

18. Funeral director: Ellsworth Armagost

Address: 3911 Liberty Heights Ave

19. 8/13/1946 A. W. Hedlund
 (Date rec'd by registrar)

MEDICAL CERTIFICATION

2D. DATE OF DEATH: Aug 10 1946 at 1:10 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Oct 20 1945 to Aug 10 1946

and that I last saw him alive on Aug 10 1946

Immediate cause of death

acute peritonitis

DURATION

1945-1946

Due to

Cerebral Hemorrhage

Due to

Cachexia

(Include pregnancy within 8 months of death)

Major findings or operations

..... Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE

Charles J. Foley Jr. M. D. or other

Address: Clinton St - Havre de Grace Date Signed: Aug 13-1946

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 37

08108

CERTIFICATE OF DEATH

Reg. Dist. No....

181

1. PLACE OF DEATH:

County.....

City or town.....

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

3 months

Hospital, institution, or street address where death occurred:

10 Taft St.

How long in hospital or institution?

3. (a) FULL NAME

Harriett McAfee

4. Sex

Female

5. Color or race

White

6. (a) Single, married, widowed, or divorced

Widow

6. (b) Name of husband or wife.....

Gordon McAfee

6. (c) If alive, give age..... years

October 21, 1883

7. Birth date of

deceased (mo., day, yr.)

deceased (mo., day, yr.)

years



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 14

CERTIFICATE OF DEATH

Reg. Dist. No. 186

08109

1. PLACE OF DEATH: Warford
 County: Marie de Grace
 City or town: Marie de Grace
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 3 days
 Hospital, institution, or street address where death occurred
Warford Memorial Hospital
 How long in hospital or institution? 3 days

2. USUAL RESIDENCE (HOME) OF DECEASED:
 (For newborn infants give residence of mother)

State: Md County: Warford
 City or town: Nearve de Grace
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. Warren St
 (If rural, give LOCATION)

2.(a) If veteran, name war.....

3. (a) FULL NAME

Joyce Merchant

3. (b) Social Security Number

4. Sex F 5. Color or race C S 6.(a) Single, married, widowed, or divorced

6.(b) Name of husband or wife.....

7. Birth date of deceased (mo., day, yr.) March 16, 1946 6.(c) If alive, give age years8. AGE: Years 12 Months Days If less than one day
 hrs. min. 9. Birthplace Warde de Grace, Maryland (Town, County, and state)10. Usual occupation School girl

11. Industry or business

12. Name William Merchant13. Birthplace Lynchburg, Virginia14. Maiden name Beatrice Clertie15. Birthplace Warde de Grace, Maryland16. Informant Mrs Beatrice MerchantAddress Warren Street, Warde de Grace17. Burial Sept 1, 1946 Date thereof (month) (day) (year)
 (Burial, cremation, or removal, which?)Cemetery or crematory St James CemeteryLocation Warde de Grace, Maryland18. Funeral director Elmer E BullockAddress 57 Warren St, Warde de Grace19. Death: 18 46 Date record'd by registrar

A. L. Lewis M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug 29 1946 at 12 28 PM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Aug 26 1946 to Aug 29 1946
 and that I last saw her alive on Aug 29 1946

Immediate cause of death.....

Tetanus DURATION 3 days

Due to.....

Due to.....

Other conditions.....

(Include pregnancy within 3 months of death)

Major findings of operation.....

Date of op.

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

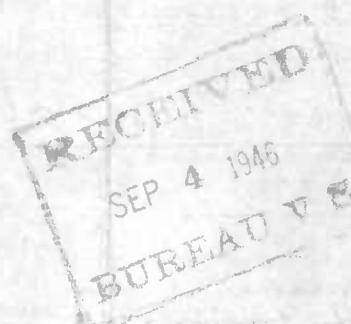
Means of injury

Injured at work?

23. SIGNATURE Dudley Phillips M.D.

M.D. or other

Address Warford New. Hosp Date signed Aug 29 1946



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 23-10

CERTIFICATE OF DEATH

08110

Reg. Dist. No. 185

1. PLACE OF DEATH: Harford
 County Harford
 City or town St. James de Grace

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? About 60 yrs

Hospital, Institution, or street address where death occurred:

How long in hospital or institution?

3. (a) FULL NAME James R. Mitchell

4. Sex Male 5. Color or race Negro 6. (a) Single, married, widowed, or divorced Married

6. (b) Name of husband or wife Laura C. B. Mitchell

7. Birth date of deceased (mo., day, yr.) Feb 11, 1874 6. (c) If alive, give age years

8. AGE: 72 Years 6 Months 2 Days If less than one day hrs. min.

9. Birthplace Paradise, Harford, Md. (Town, county, and state)

10. Usual occupation Labor

11. Industry or business Lewis Mitchell

12. Name Lewis Mitchell

13. Birthplace Virginia

14. Maiden name Easter Robinson

15. Birthplace Virginia

16. Informant Mrs. Laura B. Mitchell

Address 551 Lewis St. St. James de Grace

17. Burial Burial Date thereof Aug 17, 1946
 (Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory St. James Cemetery

Location George de Grace, Md.

18. Funeral director Elmer L. Bullock

Address 556 Lewis St. St. James de Grace

19. 8-17 19 46 A. M. Lewis M. D.
 (Date rec'd by registrar) Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Harford

City or town St. James de Grace (If outside city or town limits, write RURAL and give nearest town)

Street No. 551 Lewis Street (If rural, give LOCATION)

2.(a) If veteran, name war.....

3. (b) Social Security Number

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug 13 19 46 10 2:30 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 2.21.46 19 8-13 19 46 and that I last saw him alive on Aug 13 19 46

Immediate cause of death

Chronic myositis 3-1-46

Due to

Due to Alimentary 2-27-46

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

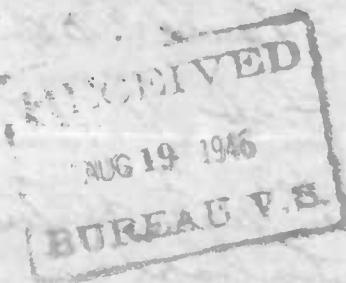
Means of injury

Wounded at work?

23. SIGNATURE Clarence L. Coover M.D. M. D. or other

Address St. James de Grace Date signed 8-17-46

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 32

CERTIFICATE OF DEATH

08111

181

Reg. Dist. No.

1. PLACE OF DEATH: Hanford
County: AberdeenCity or town: Aberdeen
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? Life - 65 yrs.Hospital, institution, or street address where death occurred: 40 E. Belair Ave.

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)State: Maryland County: HanfordCity or town: Aberdeen
(If outside city or town limits, write RURAL and give nearest town)Street No.: 40 E. Belair Ave.
(If rural, give LOCATION)2.(a) If veteran, name war: None

3. (a) FULL NAME

Annie Virginia Osborn.4. Sex: Female 5. Color or race: White 6.(a) Single, married, widowed, or divorced: Married6.(b) Name of husband or wife: S. Mitchell Osborn7. Birth date of deceased (mo., day, yr.): May 27, 1881 6.(c) If alive, give age: 65 years8. AGE: 65 Years 2 Months 0 Days 0 If less than one day: hrs. 00 min. 009. Birthplace: Aberdeen, Harford Co., Md.
(Town, county, and state)10. Usual occupation: Housewife

11. Industry or business

12. Name: Cyrus A. Courtney
13. Birthplace: Aberdeen, Md.14. Maiden name: Annie Cole
15. Birthplace: Aberdeen, Md.16. Informant: S. Mitchell OsbornAddress: 40 E. Belair Ave.17. Burial: Burial Date thereof: Aug 27 1946
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory: GroveLocation: Aberdeen, Md.18. Funeral director: Henry Tanning & SonsAddress: Aberdeen, Md.19. Date recd. by registrar: Aug 27 46 19 1946 Nellie H. Riley

Registrar

3. (b) Social Security Number: None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Aug 25 46 19 46 at 2:30 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Aug 24, 19 46, to Aug 24, 19 46and that I last saw her alive on Aug 24, 1946 to Aug 24, 1946Immediate cause of death: Cerebral Embolism

DURATION

Due to: Hypertension, cardiac -
vascular disease 15 yrs.

Due to: _____

Other conditions: _____

(Include pregnancy within 3 months of death)

Major findings of operations: _____ Date of op. _____

Autopsy results: _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: _____ Date of: _____

Where did injury occur? _____ (City or town) _____ (County) _____ (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury: _____ Injured at work? _____

23. SIGNATURE: W.B. Farham and M. D. or otherAddress: Aberdeen, Md. Date signed: 8-26-46



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 53

08112

CERTIFICATE OF DEATH

Reg. Dist. No. 180

1. PLACE OF DEATH

County

City or town

Harford
Maryland

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

1 yr - 8 mos

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

3. (a) FULL NAME

Franklin Parish

4. Sex

5. Color or race

6. (a) Single, married, widowed, or divorced

Male white Widowed

6. (b) Name of husband or wife

Cynthia Parish

7. Birth date of

deceased (mo., day, yr.)

Feb 14, 1865

6. (c) If alive, give age

years

8. AGE:

Years

Months

Days

If less than one day

81

5

26

hrs. min.

9. Birthplace

Scottsville North Carolina

(Town, county, and state)

Farmers
Retired

10. Usual occupation

11. Industry or business

FATHER

12. Name

Wesley

13. Birthplace

North Carolina

MOTHER

14. Maiden name

Bethany Thompson

15. Birthplace

North Carolina

16. Informant

V. P. Parish

Address

Jopps Maryland

17. Interment

Date thereof Aug. 12 1946

(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory

Reins - Sturdivant Funeral Home

Location

North Wilkesboro N.C.

18. Funeral director

Howard K. McRae & Sons

Address

Abingdon Maryland

19. (Date rec'd by registrar)

Aug 12 1946

Franklin Parish Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland

County

Harford

City or town

Jopps Maryland

Street No.

(If rural, give LOCATION)

2.(a) If veteran, name war

3. (b) Social Security Number

MEDICAL CERTIFICATION

20. DATE OF DEATH

August 19 1946 at 10 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

August 9, 1946 to Aug. 10, 1946

and that I last saw h. alive on Aug. 9, 1946

Immediate cause of death

Acute bronchopneumonia

DURATION

2 days

Due to

Due to

Other conditions Epithelioma of nose

18 yrs

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

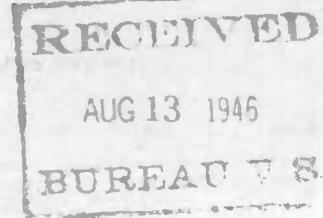
Injured at work?

23. SIGNATURE

Gifford F. Hudson MD.

M. D. or other

Address Fork, Md. Date signed Sept 14 1946



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 170c

08113

CERTIFICATE OF DEATH

Reg. Dist. No. 181

1. PLACE OF DEATH:

County

HARFORD - PERRYMAN

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, Institution, or street address where death occurred:

ABERDEEN - PERRYMAN ROAD

How long in hospital or institution?

3. (a) FULL NAME

William H. Pivion

4. Sex

5. Color or race

6. (a) Single, married, widowed, or divorced

Male Negro Mary E. Pivion

6. (b) Name of husband or wife

7. Birth date of deceased (mo., day, yr.) Feb. 1884

6. (c) If alive, give age..... years

8. AGE: Years Months Days If less than one day

62 7

hrs. min.

9. Birthplace: Hare de Grace, Md

(Town, county, and state)

10. Usual occupation: Laborer

11. Industry or business

12. Name: Lewis Pivion

13. Birthplace: Hare de Grace, Md

14. Maiden name: Penecatia Pivion

15. Birthplace: Hare de Grace, Maryland

16. Informant: Mrs. Hazel Farley

Address: 415 So. Stokes Street

17. Burial: Aug 7, 1946

(Burial, cremation, or removal. When?)

Date thereof: (month) (day) (year)

Cemetery or crematory: St. James Cemetery

Location: Hare de Grace, Md

18. Funeral director: Elmer & Bellot

Address: 556 Lewis St. Hare de Grace

19. Date rec'd by registrar: Aug 7 1946

(Date rec'd by registrar)

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

Maryland Harford

City or town: Hare de Grace

(If outside city or town limits, write RURAL and give nearest town)

Street No. 415 So. Stokes Street

(If rural, give LOCATION)

2.(a) If veteran, name war.....

3. (b) Social Security Number

220-03-3681

MEDICAL CERTIFICATION

20. DATE OF DEATH: AUGUST 4 1946 10:55 AM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

19..... to 19.....

and that I last saw h..... alive on 19.....

IMMEDIATE CAUSE OF DEATH

FRACTURE OF SKULL
INTRACRANIAL HEMORRHAGE

DURATION

Due to.....

Due to.....

OTHER CONDITIONS

(Include pregnancy within 3 months of death)

MAJOR FINDINGS OF OPERATIONS

DATE OF OP.

AUTOPSY RESULTS: NONE

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external cause, fill in the following:

Accident, suicide, or homicide: ACCIDENT Date of: AUG 4, 1946

Where did injury occur: NEAR PERRYMAN HARE MD

(City of town) (County) (State)

Injured at home, farm, industry, public place (where): PUBLIC ROAD

Means of Injury: Auto ACCIDENT Injured at work: No

23. SIGNATURE: Dr. Hammer M.D.

DEP. MED. EXAMINER M. D. or other

Address: ABERDEEN MD Date signed: AUG 4, 1946

RECEIVED

AUG 26 1945

BUREAU V.S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 1703

CERTIFICATE OF DEATH

Reg. Dist. No. 181

08114

1. PLACE OF DEATH:

County... Harford
City or town... Aberdeen Proving Ground, Maryland
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?... Four Months

Hospital, institution, or street address where death occurred:

Station Hospital, Aberdeen Proving Ground, Maryland

How long in hospital or institution?.....

3. (a) FULL NAME

Santos Lopez Ramos, Jr.

4. Sex Male 5. Color or race Mexican 6.(a) Single, married, widowed, or divorced
Married

6.(b) Name of husband or wife... Mary Paulita Garcia

7. Birth date of deceased (mo., day, yr.) 16 February 1927

8. AGE: Years 19 Months 6 Days 4 If less than one day
hrs. min.

9. Birthplace... San Antonio, Texas
(Town, county, and state)

10. Usual occupation... Soldier, U. S. Army

11. Industry or business

FATHER 12. Name Santos Lopez Ramos, Sr.

13. Birthplace Unknown

MOTHER 14. Maiden name Unknown

15. Birthplace Unknown

16. Informant U. S. Army Records

Address Aberdeen Proving Ground Md.

17. Transportation (Burial, cremation, or removal, Which?) Date thereof... Aug. 13, 1946
(month) (day) (year)

Cemetery or crematory... Andrew Morales

Location 302 Durango, San Antonio Texas

18. Funeral director Howard K. McCombs & Sons

Address Abingdon Maryland

Aug. 20 1946 Nellie H. Riley

19. (Date rec'd by registrar) Registry

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State... Texas County... Bexar

City or town... San Antonio
(If outside city or town limits, write RURAL and give nearest town)

Street No. 315 Holland Avenue

(If rural, give LOCATION)

2.(a) If veteran, name war.....

3. (b) Social Security Number

MEDICAL CERTIFICATION

20. DATE OF DEATH... August 12

19. 16 at

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

19. to 19.

and that I last saw h. alive on

Immediate cause of death... Contusion, cerebral, severe

DURATION

Due to.....

Due to.....

Other conditions... Fracture, humerus, left.

Multiple lacerations

(Include pregnancy within 3 months of death)

Major findings of operations.....

Date of op.

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide... Automobile Date of 12 August 16

Where did injury occur? Aberdeen Proving Ground

(City or town) (County) (State)

Injured at home, farm, industry, public place (where?) Military Reservation

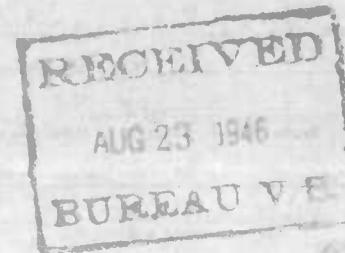
Means of injury Automobile Accident Uninjured at work?

Uninjured at work? Undetermined

23. SIGNATURE

Samuel R. Hadley M. D. or other

Address Station 1000 Abingdon Date signed 13 Aug 46
Howard K. McCombs



CERTIFICATE OF DEATH

Reg. Dist. No. 185

PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MANGIN RESERVED FOR BINDING

102

200

VSA 15

1. PLACE OF DEATH: County..... City or town..... (If outside city or town limits, write RURAL and give nearest town)			2. USUAL RESIDENCE (HOME) OF DECEASED. (For newborn infants give residence of mother) State..... County..... City or town..... (If outside city or town limits, write RURAL and give nearest town)		
How long in above place of death?..... Hospital, Institution, or street address where death occurred: about 50 years			Street No. (If rural, give LOCATION) 726 Otsego Street		
How long in hospital or institution?.....			2.(a) If veteran, name war.....		
3. (a) FULL NAME Harriett Ann Richardson			3. (b) Social Security Number _____		
4. Sex Female	5. Color or race Negro	6. (a) Single, married, widowed, or divorced Widowed	MEDICAL CERTIFICATION		
6. (b) Name of husband or wife Lloyd Richardson			20. DATE OF DEATH..... Aug 19th 1946 at 11 a.m.	DURATION	
7. Birth date of deceased (mo., day, yr.) Nov. 27, 1861			21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Aug 10 1946 to Aug 19 1946 and that I last saw her alive on Aug 19 1946	8-10-46	
8. AGE: Years 84	Months 8	Days 22	8. (c) If alive, give age..... years If less than one day hrs. min.	9-6-38	
9. Birthplace Churchville, Harford, Md.			Immediate cause of death Cerebral hemorrhage	8-10-46	
10. Usual occupation Housewife			Due to arterio-sclerosis	9-6-38	
11. Industry or business			Due to		
12. Name Henry W. Lish			Other conditions		
13. Birthplace Maryland			(Include pregnancy within 3 months of death)		
14. Maiden name Mary Keethley			Major findings of operations	Date of op.	
15. Birthplace Maryland			Autopsy results		
16. Interment Mrs. Rosa E. Gray			PHYSICIAN: Please underline the cause to which death should be charged statistically.		
Address 726 Otsego St. - de - g - Bureau			22. VIOLENCE: If death was due to external causes, fill in the following:		
17. (Burial, cremation, or removal) (check) Date thereof Cemetery or crematory St. James Cemetery			Accident, suicide, or homicide.....	Date of	
Location Harford De Grace Md			Where did injury occur? (City or town) (County) (State)		
18. Funeral director Elmer E. Bellone			Injured at home, farm, industry, public place (where?)		
Address 556 Lewis St. Harford De Grace			Means of injury	Injured at work?	
19. Aug. 23 1946 (Date rec'd by registrar)			23. SIGNATURE Dante L. Deane	M. D. or other	
			Address Harford De Grace	Date signed 8-20-46	
			A. L. Lewis M.D.		
			Registrar		

RECEIVED

AUG 24 1945

BUREAU V S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 932

08116

CERTIFICATE OF DEATH

Reg. Dist. No. 182

1. PLACE OF DEATH

County

Harford
Rural

City or town

Bel Air

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

15 days

Hospital, institution, or street address where death occurred:

How long in hospital or institution? County Home 15 days

3. (a) FULL NAME

Thomas Elsworth Singleton

4. Sex

5. Color or race

6. (a) Single, married, widowed, or divorced

male white married divorced

6. (b) Name of husband or wife

Elizabeth Singleton

7. Birth date of deceased (mo., day, yr.)

8. (c) If alive, give age — years

1868

8. AGE:

Years

Months

Days

If less than one day

78

—

—

hrs.

min.

9. Birthplace

Glenville, Harford, Md

(Town, county, and state)

10. Usual occupation

Farmer

11. Industry or business

Retired

12. Name

Elvah Thomas Singleton

13. Birthplace

Glenville, Md

14. Maiden name

Hannah Griffith

15. Birthplace

House of Grace, Md

16. Informant

Mary E Preston

Address

I Aberdeen, Md

17. Burial

Aug 30 46

(Burial, cremation, or removal. Which?)

(Date thereof (month) (day) (year))

Cemetery or crematory

Trinity

Location

Churchville, Md

18. Funeral director

Willard P. Hudson

Address

Janetville, Md.

19. (Date rec'd by registrar)

8/28/46 Piscilla Fowood

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State

Md

County

Harford

City or town

Bentledge

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2.(a) If veteran, name war

3. (b) Social Security Number

MEDICAL CERTIFICATION

2D. DATE OF DEATH

August 28 1946, at 7 A.M.

21. CERTIFY that death occurred on the date above stated; that deceased from

Aug 1 - 1946, to Aug 28 1946

and that I last saw him alive on Aug 21 1946

Immediate cause of death

CH. Myocardial Disease

DURATION

3 yrs

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings or operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

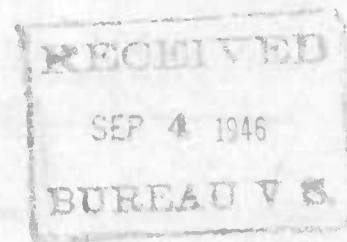
Means of injury

Injured at work?

23. SIGNATURE

Willard P. Hudson M. D. or other

Forest Hill, Md Date signed 8/28/46



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 832

08117

CERTIFICATE OF DEATH

Reg. Dist. No. 181

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

County.....

Harford

City or town.....

Rural Del. Co.

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?.....

63 yrs

Hospital, institution, or street address where death occurred:.....

R. F. #2

How long in hospital or institution?.....

3. (a) FULL NAME

Frederick W. Smith

4. Sex

5. Color or race

8. (a) Single, married, widowed, or divorced

Male White Widowed

6. (b) Name of husband or wife

Sarah C. Smith, nee Oliver

7. Birth date of deceased (mo., day, yr.)

Nov. 15-1862

6. (c) If alive, give age..... years

8. AGE:

Years

Months

Days

If less than one day

83

8

.hrs.

.min.

9. Birthplace.....

Harford Co. Md.

(Town, county, and state)

10. Usual occupation.....

Farmer

11. Industry or business

Corn Canner

12. Name.....

Christian Smith

13. Birthplace

Germany

14. Maiden name.....

Elizabeth Burkley

15. Birthplace

Germany

16. Informant.....

Miss Mary S. Smith

Address

Rural Del. Co. Md. R. F. #2

17. Burial

(Burial, cremation, or removal. Which?)

Date thereof..... Aug. 8 1946

(month) (day) (year)

Cemetery or crematory.....

Baker's

Location.....

Aberdeen Md.

18. Funeral director.....

Henry Tamm Sons

Address

Aberdeen Md.

19. (Date rec'd by registrar)

Aug. 7-1946 Nellie H. Riley

Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State.....

Maryland

County.....

Harford

City or town.....

Rural Del. Co. R. F. #2

(If outside city or town limits, write RURAL and give nearest town)

Street No.....

Cresswell

(If rural, give LOCATION)

2.(a) If veteran, name war.....

None

3. (b) Social Security Number

None

MEDICAL CERTIFICATION

2D. DATE OF DEATH

Aug. 6-1946 at 9:30 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Aug. 6-1946 to Aug. 6-1946 and that I last saw him alive on Aug. 6-1946

Immediate cause of death.....

Cerebral hemorrhage

DURATION

3 hrs

Due to..... arteriosclerosis - hypertension

Due to.....

Other conditions.....

(Include pregnancy within 3 months of death)

Major findings of operations.....

Date of op.

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

Where did injury occur?..... (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury.....

Injured at work?

23. SIGNATURE.....

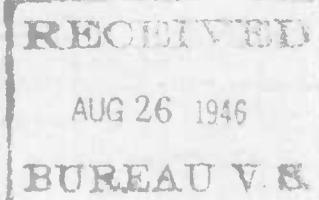
Tess. P. Tamm

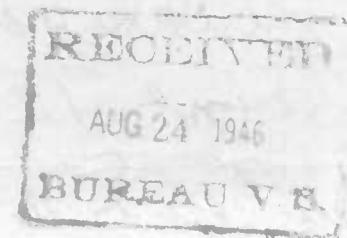
M. D. or other

Address.....

Aberdeen

Date signed Aug. 7/46





MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

08119

CERTIFICATE OF DEATH

Reg. Dist. No.

181

1. PLACE OF DEATH: Harford
 County: Rural - Aberdeen
 City or town: (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 7 months
 Hospital, institution, or street address where death occurred: _____
 How long in hospital or institution? _____

2. USUAL RESIDENCE (HOME) OF DECEASED:
 (For newborn infants give residence of mother)

State: Maryland County: Harford
 City or town: Rural - Aberdeen (If outside city or town limits, write RURAL and give nearest town)
 Street No.: Bush Chapel (If rural, give LOCATION)

2.(a) If veteran, name war: None

3.(a) FULL NAME: Jessie Margaret Strong

3.(b) Social Security Number: None

4. Sex: <u>Female</u>	5. Color or race: <u>White</u>	6.(a) Single, married, widowed, or divorced: <u>Single</u>
-----------------------	--------------------------------	--

6.(b) Name of husband or wife: _____

7. Birth date of deceased (mo., day, yr.): December 12, 1945 6.(c) If alive, give age: _____ years

8. AGE: Years: 7 Months: Days: If less than one day: hrs: min:

9. Birthplace: Harford Co. Md. (Town, county, and state)

10. Usual occupation: None

11. Industry or business: None

12. Name: James T. Strong

13. Birthplace: Harford Co. Md.

14. Maiden name: Minnie Wilson

15. Birthplace: Harford Co. Md.

16. Informant: Mr. James T. Strong

Address: Aberdeen, Md. P.S.D.

17. Burial: Burial Date thereof: Aug 4 1946 (Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory: Bethel Chapel

Location: Near Aberdeen

18. Funeral director: Henry Tarragon & Sons

Address: Aberdeen Md.

19. Aug 3 1946 (Date rec'd by registrar)

Nellie B. Riley

VS A16 9-45-1
 7

Registrar

Address: Baltimore Md. Date signed Aug 24 1946

MEDICAL CERTIFICATION

2D. DATE OF DEATH: August 2 1946 at 10:30 A.M.

21. CERTIFY that death occurred on the date above stated; that I attended deceased from July 25 1946 to Aug. 2 1946 and that I last saw her alive on Aug. 2 1946

Immediate cause of death: Choking, Cough, Labor & Pneumonia

DURATION

Due to: _____

Due to: _____

Other conditions: _____

Include pregnancy within 8 months of death: _____

Major findings of operations: _____

Date of op.: _____

Autopsy results: _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: _____ Date of: _____

Where did injury occur? _____ (City or town) _____ (County) _____ (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE: Howard D. Hulman M. D. brother

Address: Baltimore Md. Date signed Aug 24 1946



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 940

08120

CERTIFICATE OF DEATH

Reg. Dist. No. 180

1. PLACE OF DEATH:

County.....

Hoford

City or town.....

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?.....

46 years

Hospital, Institution, or street address where death occurred:.....

How long in hospital or institution?.....

3. (a) FULL NAME

John Thomas

4. Sex

Male

5. Color or race

White

6. (a) Single, married, widowed, or divorced

Married

6. (b) Name of husband or wife

Sophia Thomas

6. (c) If alive, give age 62 years

7. Birth date of

deceased (mo., day, yr.)

Dec 23, 1866

8. AGE:

Years Months Days If less than one day

79

7

18

hrs.

min.

9. Birthplace

Maryland

(Town, county, and state)

10. Usual occupation

Retired Landscape Gardener

11. Industry or business

Unknown

12. Name

Unknown

13. Birthplace

Unknown

14. Maiden name

Unknown

15. Birthplace

Unknown

16. Informant

Mrs. Sophia Thomas

Address

Burial Joppa Maryland

Date thereof Aug 14 1945

(Burial, cremation, or removal. Which?)

(month) (day) (year)

17. Cemetery or crematory

Graveside Cemetery

Location

Joppa Md

18. Funeral director

Howard L. McCormick

Address

Aberdeen Maryland

19. (Date rec'd by registrar)

Aug 12 1946

Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland

County Hoford

City or town Joppa

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2.(a) If veteran, name war.....

3. (b) Social Security Number

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug 14 1946 at 9 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

19 10 19

and that I last saw him alive on 19

Immediate cause of death Coronary occlusion

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

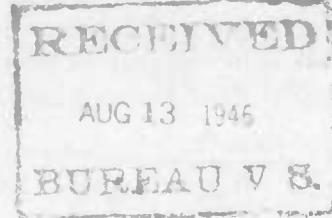
Means of injury Injured at work?

Signature Gerald C Palmer M.D. & County Deputy Medical Examiner

Address Baltimore, Maryland M.D. or other

Date signed Aug 14 1946

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



PLEASE WRITE PLAINLY, WITH UPRADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 1370

08121

CERTIFICATE OF DEATH

Reg. Dist. No. 1803

1. PLACE OF DEATH: Harford
 County: Harford
 City or town: Harford (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 3 years
 Hospital, Institution, or street address where death occurred:
 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
 (For newborn infants give residence of mother)

State: Md County: Harford
 City or town: Rural - Fairston (If outside city or town limits, write RURAL and give nearest town)
 Street No.: Watergate (If rural, give LOCATION)

3. (a) FULL NAME

Harry TURNER

3. (b) Social Security Number

4. Sex: M 5. Color or race: W 6. (a) Single, married, widowed, or divorced: M

8. (b) Name of husband or wife: ANNIE R.C. Turner

7. Birth date of deceased (mo. day, yr.): Mar 16 6. (c) If alive, give age: 1873 years

8. AGE: 73 Years 0 Months 0 Days 0 If less than one day: 0 hrs. 0 min.

9. Birthplace: Baltimore, Md. (Town, county, and state)

10. Usual occupation: labor

11. Industry or business: Farm

12. Name: Thomas Turner

13. Birthplace: Md

14. Maiden name: Mary Bird

15. Birthplace: Md

16. Informant: ANNIE R.C. Turner

Address: Fallston, Md.

17. Burial: Burial Date thereof: Aug 24/46
 (Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory: Mountain Christian

Location: Joppa Road

18. Funeral director: Deam & Linton

Address: Bellair, Md.

19. 8/23/46 1946 Miscilla Forward
 (Date req'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Aug 22nd 1946 at 8:15 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Aug 15 1946 to Aug 22 1946 and that I last saw him alive on Aug 22 1946

Immediate cause of death: PROSTATIC HYPERTROPHY DURATION: >

Due to: URINARY RETENTION (CHR) DURATION: >

Due to:

Other conditions:

(Include pregnancy within 3 months of death)

Major findings of operations:

Date of op.:

Autopsy results:

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide:

Date of:

Where did injury occur?

(City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury:

Injured at work?

23. SIGNATURE: Willard P. Hudson M. D. or other:

Address: Forest Hill, Md. Date signed: 8/23/46



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 4

08122

CERTIFICATE OF DEATH

Reg. Dist. No. 185-

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

I

VS A15

1. PLACE OF DEATH:

County

Harford
Grace

City or town

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

Harford Memorial Hospital

How long in hospital or institution?

2 mo

3. (a) FULL NAME

Herman C. Wising

4. Sex

5. Color or race

6. (a) Single, married, widowed, or divorced

M.

W

Married

B. (b) Name of husband or wife

Emma G. Wising

7. Birth date of deceased (mo., day, yr.)

Aug. 17, 1890

6. (c) If alive, give age years

8. AGE:

Years Months Days It less than one day

55

11

Days

1

hrs.

min.

9. Birthplace

Maryland
(Town, county, and state)

10. Usual occupation

P. R. R. Foreman

11. Industry or business

Peter Wising

12. Name

Dunkirk

13. Birthplace

Emma Lischie

14. Maiden name

Maryland

15. Birthplace

Mrs. Herman C. Wising

16. Informant

Dunkirk

Address

Date thereof Aug. 11, 1946

(Burial, cremation, or removal. Which)

(month) (day) (year)

Cemetery or crematory

Speciation

Location

Dunkirk

18. Funeral director

Henry Tanning Sons

Address

Chesapeake Md

19. (Data read by registrar)

A. L. Lewis M.D.

Date signed

8-10-46

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Harford

City or town Perryman (If outside city or town limits, write RURAL and give nearest town)

Street No. 1100 (If rural, give LOCATION)

2. (a) If veteran, name war

3. (b) Social Security Number

717-07-5408

MEDICAL CERTIFICATION

20. DATE OF DEATH August 9

1946, at 3:10 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

April 1946 to Aug 9 1946

and that I last saw h. in alive on Aug 8 1946

Immediate cause of death

DURATION

Due to: Carcinoma of head of pancreas
+ carcinoma of liver

Due to:

Other conditions

(Include pregnancy within 8 months of death)

Major findings of operations: Ca head of pancreas

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide.

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

A. L. Lewis M.D. M. D. or other

Address: Aberdeen Md Date signed: 8-10-46

RECEIVED

AUG 13 1946

BUREAU V E

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

08123

CERTIFICATE OF DEATH

Reg. Dia. No. 182

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH: Harford
 County Darlington
 City or town (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 8 mos
 Hospital, Institution, or street address where death occurred:
 How long in hospital or institution?
 3. (a) FULL NAME Henry Young

4. Sex Male 5. Color or race white 6. (a) Single, married, widowed, or divorced widower

6. (b) Name of husband or wife Elizabeth F Durham

7. Birth date of deceased (mo., day, yr.) Sept 6 1860 8. (c) If alive, give age — years

8. AGE: 86 Years 4 Months 23 Days If less than one day hrs. min.

9. Birthplace Fair Banks Co Md
 (Town, county, and state)

10. Usual occupation Farm Laborer

11. Industry or business

12. Name Christopher Young
 13. Birthplace Germany

14. Maiden name Barbara Daylor
 15. Birthplace Germany

16. Informant Walter C Young
 Address Darlington Md

17. Burial Burial Date thereof Sept 1-46
 (Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Own water
 Location Chestertown Harford Co Md

18. Funeral director Martin G Knut
 Address Saintsville Md.

19. Date rec'd by registrar Aug 30 1946 M. W. Kirk
 (Date rec'd by registrar) Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md County Harford
 City or town Chestertown (If outside city or town limits, write RURAL and give nearest town)
 Street No. _____ (If rural, give LOCATION)

2.(a) If veteran, name war _____

3. (b) Social Security Number _____

MEDICAL CERTIFICATION

20. DATE OF DEATH August 29 1946 a.m. 9 A.M.21. I CERTIFY that death occurred at the date above stated; that I attended deceased from March 12 1946 to Aug 29 1946 10 A.M.and that I last saw him alive on Aug 29 1946 1946Immediate cause of death Cerebral Hemorrhage DURATION 20 hrs.Due to Arteriosclerosis 3 yrs.Due to Chronic nephritis

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings of operations _____ Date of op. _____

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide X Date of _____

Where did injury occur? _____ (City or town) _____ (County) _____ (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE John D. Hodges M. D. or other _____Address Wardington Md Date signed 8/30/46



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 932

08124

CERTIFICATE OF DEATH

Reg. Dist. No.

182

1. PLACE OF DEATH:

County: Harford
 City or town: Rural & Section
 (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, Institution, or street address where death occurred:

How long in hospital or institution? 3 day - County House

3. (a) FULL NAME

Joseph Young

4. Sex

5. Color or race

6. (a) Single, married, widowed, or divorced

malecoloredWidowed

6. (b) Name of husband or wife

Mollie Flannery

7. Birth date of deceased (mo., day, yr.)

March - 1844

6. (c) If alive, give age

years

8. AGE:

Years	Months	Days	If less than one day
62	5	—	hrs. min.

9. Birthplace

Harford Balto. Co. Md.

(Town, county, and state)

10. Usual occupation

Farm Laborer

11. Industry or business

John Young

12. Name

not Known

13. Birthplace

Rachel

14. Maiden name

Not Known

15. Birthplace

Helen Winston

16. Informant

25-35-2 Howard St Baltimore

Address

17. Burial

Sept 2-46

(Burial, cremation, or removal. Which?)

Date thereof (month) (day) (year)

Cemetery or crematory

Fairview

Location

Forest Hill Harford Co. Md.

18. Funeral director

Martin Elliott

Address

Janettsville Md.

19. (Date rec'd by registrar)

19

9/1 46Priscilla Forward

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Md.County: HarfordCity or town: Janettsville

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2.(a) If veteran, name war

3. (b) Social Security Number

MEDICAL CERTIFICATION

20. DATE OF DEATH

Aug 30 1946 at 515 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Aug 1 1946 to Aug 30 1946 1946
and that I last saw him alive on Aug 28 1946 1946

Immediate cause of death

Cerebral Hemorrhage DURATION 100a
TerminatingDue to Hypertensive CardiArterial Disease 8 yrs

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of

Where did injury occur?

(City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE Willard P. Hudson M. D. or otherAddress Forest Hill Md. Date signed 8/30/46

